UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.usplo.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

10/06/2004

Edward Langer Landon & Stark Associates One Crystal Park Suite 210 2011 Crystal Drive Arlington, VA 22202-3709

| EXAMINER        |  |   |  |
|-----------------|--|---|--|
| WALKE, AMANDA C |  | - |  |

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ART UNIT

PAPER NUMBER

1752

DATE MAILED: 10/06/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/980,783      | 02/20/2002  | Murray Figov         | 1490                | 8135             |

TITLE OF INVENTION: METHOD FOR PRODUCING A DIGITALLY IMAGED SCREEN FOR USE IN A SCREEN PRINTING PROCESS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$0             | \$1370           | 01/06/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 10/06/2004                                                                                                                                                                                                    |                                                                                                 |                                                                     |                                                                                                                                                                                                                                               | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Edward Langer<br>Landon & Stark A<br>One Crystal Park S<br>2011 Crystal Drive                                                                                                                                                                                                                    | Suite 210                                                                                       |                                                                     |                                                                                                                                                                                                                                               | C                                                                                                                                                                                                                                                                                             | dertificate of Mailing or Trans<br>this Fee(s) Transmittal is being<br>with sufficient postage for fire<br>ail Stop ISSUE FEE address<br>SPTO (703) 746-4000, on the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mission                                                                                                         |
| Arlington, VA 222                                                                                                                                                                                                                                                                                | 02-3709                                                                                         |                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Depositor's name)                                                                                              |
|                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Signature)                                                                                                     |
|                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                     |                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Date)                                                                                                          |
| APPLICATION NO.                                                                                                                                                                                                                                                                                  | FILING DATE                                                                                     | FIF                                                                 | RST NAMED INVI                                                                                                                                                                                                                                | ENTOR                                                                                                                                                                                                                                                                                         | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONFIRMATION NO.                                                                                                |
| 09/980,783                                                                                                                                                                                                                                                                                       | 02/20/2002                                                                                      |                                                                     | Murray Figov                                                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                                                             | 1490                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8135                                                                                                            |
| TITLE OF INVENTION: M                                                                                                                                                                                                                                                                            | IETHOD FOR PRODUCING                                                                            | A DIGITALLY IM                                                      | AGED SCREEN                                                                                                                                                                                                                                   | FOR USE IN A SCRE                                                                                                                                                                                                                                                                             | EN PRINTING PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| APPLN. TYPE                                                                                                                                                                                                                                                                                      | SMALL ENTITY                                                                                    | ISSUE FEE                                                           |                                                                                                                                                                                                                                               | PUBLICATION FEE                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE DUE                                                                                                        |
| nonprovisional                                                                                                                                                                                                                                                                                   | NO                                                                                              | \$1370                                                              |                                                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                                                                           | \$1370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01/06/2005                                                                                                      |
| EXAM                                                                                                                                                                                                                                                                                             | IINER                                                                                           | ART UNIT                                                            |                                                                                                                                                                                                                                               | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                | ] "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| WALKE, A                                                                                                                                                                                                                                                                                         | MANDA C                                                                                         | 1752                                                                |                                                                                                                                                                                                                                               | 430-302000                                                                                                                                                                                                                                                                                    | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |
| CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) NAME OF ASSIGNITION (B) Please check the appropriate (B) Issue Fee | assignee category or categoric enclosed:                                                        | PRINTED ON THE w, no assignee date this form is NOT a  (B) R  (B) R | (1) the names of or agents OR, alt (2) the name of a registered attorned at registered attorned as will appear on substitute for filing ESIDENCE: (CI ad on the patent): ayment of Fee(s):  A check in the a Payment by creed the Director is | single firm (having as yo or agent) and the naut attorneys or agents. It will be printed.  or type) the patent. If an assigng an assignment.  TY and STATE OR CO                                                                                                                              | a member a mes of up to f no name is 3 mee is identified below, the do DUNTRY)  Corporation or other private groundlesed.  8 is attached. charge the required fee(s), or contact at the required fee(s). | up entity Government                                                                                            |
| . Change in Entity Status                                                                                                                                                                                                                                                                        | (from status indicated above)                                                                   |                                                                     | posit Account 11                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               | (enclose an extra co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | py of this form).                                                                                               |
|                                                                                                                                                                                                                                                                                                  | MALL ENTITY status. See 37                                                                      |                                                                     | b. Applicant is n                                                                                                                                                                                                                             | o longer claiming SMA                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37 CF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R 1.27(g)(2).                                                                                                   |
| The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco                                                                                                                                                                                                              | s requested to apply the Issue ablication Fee (if required) wil rds of the United States Patent | Fee and Publication<br>I not be accepted fro<br>and Trademark Off   | Fee (if any) or to<br>om anyone other to<br>fice.                                                                                                                                                                                             | re-apply any previous<br>han the applicant; a reg                                                                                                                                                                                                                                             | ly paid issue fee to the applicati<br>istered attorney or agent; or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on identified above.<br>assignee or other party in                                                              |
| Authorized Signature                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                     |                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |
| Typed or printed name                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                     |                                                                                                                                                                                                                                               | Registration                                                                                                                                                                                                                                                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |
| ubmitting the completed app<br>his form and/or suggestions<br>Box 1450, Alexandria, Virgin<br>Alexandria, Virginia 22313-1                                                                                                                                                                       | plication form to the USPTO.<br>for reducing this burden, shounds 22313-1450. DO NOT SE<br>450. | Time will vary dep<br>ld be sent to the Ch<br>ND.FEES OR COM        | ending upon the<br>ief Information (MPLETED FORM                                                                                                                                                                                              | individual case. Any conficer, U.S. Patent and IS TO THIS ADDRES:                                                                                                                                                                                                                             | the public which is to file (and I<br>minutes to complete, including<br>omments on the amount of time<br>Trademark Office, U.S. Depar<br>S. SEND TO: Commissioner for<br>displays a valid OMB control n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | gathering, preparing, and<br>e you require to complete<br>truent of Commerce, P.O.<br>r Patents, P.O. Box 1450, |

...OMB 0651-0033

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## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

| APPLICATION NO.    | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.                   | CONFIRMATION NO.                      |
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| 09/980,783         | 02/20/2002     | Murray Figov         | 1490                                  | 8135                                  |
|                    | 590 10/06/2004 | r                    | EXAM                                  | INER                                  |
| Edward Langer      |                |                      | WALKE, A                              | MANDA C                               |
| Landon & Stark As  | ssociates      |                      | · · · · · · · · · · · · · · · · · · · |                                       |
| One Crystal Park S | uite 210       |                      | ART UNIT                              | PAPER NUMBER                          |
| 2011 Crystal Drive |                |                      | 1752                                  | · · · · · · · · · · · · · · · · · · · |
| Arlington, VA 222  | 02-3709        |                      |                                       |                                       |
|                    |                |                      | DATE MAILED: 10/06/2004               | ‡                                     |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 341 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 341 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.



### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                           | FILING DATE   | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |
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| 759                                       | 90 10/06/2004 |                      | EXAM                    | INER             |
| Edward Langer                             | • .           |                      | WALKE, A                | MANDA C          |
| Landon & Stark Ass<br>One Crystal Park Su |               |                      | ART UNIT                | PAPER NUMBER     |
| 2011 Crystal Drive<br>Arlington, VA 2220  | 2-3709        |                      | 1752                    |                  |
| <i>y</i> ,                                |               |                      | DATE MAILED: 10/06/2004 | 1                |

## Notice of Fee Increase on October 1, 2004

If a reply to a "Notice of Allowance and Fee(s) Due" is filed in the Office on or after October 1, 2004, then the amount due will be higher than that set forth in the "Notice of Allowance and Fee(s) Due" because some fees will increase effective October 1, 2004. See Revision of Patent Fees for Fiscal Year 2005; Final Rule, 69 Fed. Reg. 52604, 52606 (May 10, 2004).

The current fee schedule is accessible from WEB site (http://www.uspto.gov/main/howtofees.htm).

If the fee paid is the amount shown on the "Notice of Allowance and Fee(s) Due" but not the correct amount in view of the fee increase, a "Notice of Pay Balance of Issue Fee" will be mailed to applicant. In order to avoid processing delays associated with mailing of a "Notice of Pay Balance of Issue Fee," if the response to the Notice of Allowance is to be filed on or after October 1, 2004 (or mailed with a certificate of mailing on or after October 1, 2004), the issue fee paid should be the fee that is required at the time the fee is paid. See Manual of Patent Examining Procedure (MPEP), Section 1306 (Eighth Edition, Rev. 2, May 2004). If the issue fee was previously paid, and the response to the "Notice of Allowance and Fee(s) Due" includes a request to apply a previously-paid issue fee to the issue fee now due, then the difference between the issue fee amount at the time the response is filed and the previously-paid issue fee should be paid. See MPEP Section 1308.01.

Effective October 1, 2004, 37 CFR 1.18 is amended by revising paragraphs (a) through (c) to read as set forth below.

Section 1.18 Patent post allowance (including issue) fees.

(a) Issue fee for issuing each original or reissue patent, except a design or plant patent:

| · • · · · · · · · · · · · · · · · · · ·    |            |
|--------------------------------------------|------------|
| By a small entity (Sec. 1.27(a))           | \$685.00   |
| By other than a small entity               | \$1,370.00 |
| (b) Issue fee for issuing a design patent: | •          |
| By a small entity (Sec. 1.27(a))           | \$245.00   |
| By other than a small entity               |            |
| (c) Issue fee for issuing a plant patent:  |            |

Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.